

AG
10/24

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-------------|--------|----------|
| FEE DETERMINATION | VT | 62007 | 9/17/00 |
| O.I.P.E. CLASSIFIER | | 49 | 9/19/00 |
| FORMALITY REVIEW | MMS | 863 | 10-8-00 |
| RESPONSE FORMALITY REVIEW | [Signature] | 1091 | 04/20/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) ... Canceled A Appeal
+ Restricted O Objected

| Claim | | Date | |
|-------|----------|------|--|
| Final | Original | | |
| 1 | ✓ | | |
| 2 | ✓ | | |
| 3 | ✓ | | |
| 4 | ✓ | | |
| 5 | ✓ | | |
| 6 | ✓ | | |
| 7 | ✓ | | |
| 8 | ✓ | | |
| 9 | ✓ | | |
| 10 | ✓ | | |
| 11 | ✓ | | |
| 12 | ✓ | | |
| 13 | ✓ | | |
| 14 | ✓ | | |
| 15 | ✓ | | |
| 16 | ✓ | | |
| 17 | ✓ | | |
| 18 | ✓ | | |
| 19 | ✓ | | |
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| 22 | ✓ | | |
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| Claim | | Date | |
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| Final | Original | | |
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| Claim | | Date | |
|-------|----------|------|--|
| Final | Original | | |
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If more than 150 claims or 10 actions
staple additional sheet here